

637897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

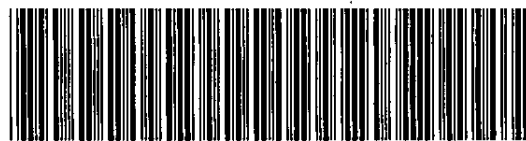
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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NOV 07 2012

T. ROBERTS

KELLY, PASSIDOMO & ALBA, LLP

CHARLES M. KELLY, JR.
Board Certified Tax Lawyer
Board Certified Wills, Trusts
and Estates Lawyer
Master of Laws in Estate Planning
Certified Public Accountant

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2390 TAMiami TRAIL NORTH
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NAPLES, FLORIDA 34103

TELEPHONE (239) 261-3453
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October 30, 2012

KYLE B. KELLY

DAVID A. ALBA
1951 - 2001

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

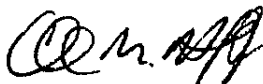
RE: SUNMASTER OF NAPLES, INC.
CHANGE OF REGISTERED AGENT

Ladies and Gentlemen:

Enclosed please find the Statement of Change of Registered Agent for Sunmaster of Naples, Inc., and a check payable to the Florida Department of State in the amount of \$35.00

Please acknowledge receipt of the Return and the exhibits attached in the way of supporting documentation by date stamping and returning the enclosed duplicate copy of this letter in the self-addressed, stamped envelope provided.

Very truly yours,



Charles M. Kelly, Jr.

CMK/kbk
Enclosures as stated

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNMASTER OF NAPLES, INC.
Name of Corporation

DOCUMENT NUMBER: 637897

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES M. KELLY, JR.

Name of Contact Person

KELLY, PASSIDOMO & ALBA, LLP

Firm/Company

2390 TAMiami TRAIL NORTH STE 204

Address

NAPLES, FL 34103

City/State and Zip Code

ckelly@flintrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles M. Kelly, Jr.

Name of Contact Person

at 239 261-3453

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUNMASTER OF NAPLES, INC.
2. The principal office address: 900 Industrial Boulevard, Naples, Florida 34104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/1/1979 Document number: 637897
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARK H MILLER (Resigned)

900 Industrial Boulevard, Naples, Florida 34104

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN H. WILKINSON Registered Agent

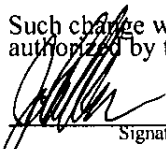
900 Industrial Boulevard, Naples, Florida 34104

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

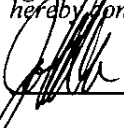


Signature of an officer or director

John H. Wilkinson, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/30/12

Date

If signing on behalf of an entity:

John Wilkinson

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)